

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION				VOLUNTARY PETITION	
IN RE: (Name of Debtor - If individual, enter Last, First, Middle)			NAME OF JOINT DEBTOR (Spouse) (Last,First, Middle)		
THEISEN, CHRISTOPHER C.			THEISEN, CHRISTINE D.		
ALL OTHER NAMES used by the debtor in the last 8 years			ALL OTHER NAMES used by the co-debtor in the last 8 years		
NONE			NONE		
LAST 4 DIGITS OF SOCIAL SECURITY / TAX I.D. NUMBER			LAST 4 DIGITS OF SOCIAL SECURITY / TAX I.D. NUMBER		
2 1 6 4			7 3 3 4		
STREET ADDRESS OF DEBTOR			STREET ADDRESS OF JOINT DEBTOR		
2 S 768 NELSON LAKE ROAD BATAVIA, IL 60542			2 S 768 NELSON LAKE ROAD BATAVIA, IL 60542		
County of Residence, etc.	KANE		County of Residence, etc.	KANE	
MAILING ADDRESS OF DEBTOR			MAILING ADDRESS OF JOINT DEBTOR		
2 S 768 NELSON LAKE ROAD BATAVIA, IL 60542			2 S 768 NELSON LAKE ROAD BATAVIA, IL 60542		
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (including zip code)					
N/A					
<b>TYPE OF DEBTOR</b> <input checked="" type="checkbox"/> INDIVIDUAL(S) <input type="checkbox"/> CORPORATION (LLC or LLP) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER _____		<b>NATURE OF BUSINESS</b> <input type="checkbox"/> HEALTH CARE BUSINESS <input type="checkbox"/> SINGLE ASSET REAL ESTATE <input type="checkbox"/> RAILROAD <input type="checkbox"/> STOCKBROKER <input type="checkbox"/> COMMODITY BROKER <input type="checkbox"/> CLEARING BANK <input type="checkbox"/> OTHER _____		<b>CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED</b> <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Recognition of Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Recognition of Foreign Nonmain Proceeding <input type="checkbox"/> Chapter 13  <b>NATURE OF DEBTS</b> <input checked="" type="checkbox"/> DEBTS ARE PRIMARILY CONSUMER DEBTS <input type="checkbox"/> DEBTS ARE PRIMARILY BUSINESS DEBTS	
<b>FILING FEE (Check one box)</b>  <input checked="" type="checkbox"/> Full Filing fee attached  <input type="checkbox"/> Filing fee to be paid in Installments  <input type="checkbox"/> Filing fee waiver requested			<b>CHAPTER 11 SMALL BUSINESS</b> <u>Check one Box</u> <input type="checkbox"/> Debtor is a small business as defined in 11 USC § 101 <input type="checkbox"/> Debtor is not a small business as defined in 11 USC § 101 <u>Check if:</u> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts are less than \$2,190,000. _____ <u>Check all applicable boxes:</u> <input type="checkbox"/> A Plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited in accordance with 11USC§1126(b)		

STATISTICAL / ADMINISTRATIVE INFORMATION (Estimates only)	
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors  <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	
ESTIMATED NUMBER OF CREDITORS    1-15 <input type="checkbox"/> 16-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1000-over <input type="checkbox"/>	
ESTIMATED ASSETS (in thousands of dollars) Under 50 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input checked="" type="checkbox"/> 500-999 <input type="checkbox"/> 1000-9999 <input type="checkbox"/> 1,000-99,000 <input type="checkbox"/> 100,000-over <input type="checkbox"/>	
ESTIMATED DEBTS (in thousands of dollars) Under 50 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input checked="" type="checkbox"/> 500-999 <input type="checkbox"/> 1000-9999 <input type="checkbox"/> 1,000-99,000 <input type="checkbox"/> 100,000-over <input type="checkbox"/>	

THIS SPACE FOR COURT USE ONLY

<b>Voluntary Petition</b> (This page must be completed and filed in every case.)		NAME OF DEBTOR(S): THEISEN, CHRISTOPHER C. & CHRISTINE D.
<b>PRIOR BANKRUPTCY CASE FILED WITHIN THE LAST 8 YEARS ( If more than one attach additional sheet.)</b>		
Location where filed: <div style="text-align: center;">N/A</div>	Case Number: <div style="text-align: center;">N/A</div>	Date Filed: <div style="text-align: center;">N/A</div>
<b>PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THE DEBTOR</b>		
Name of Debtor: <div style="text-align: center;">N/A</div>	Case Number: <div style="text-align: center;">N/A</div>	Date Filed: <div style="text-align: center;">N/A</div>
District: <div style="text-align: center;">N/A</div>	Relationship: <div style="text-align: center;">N/A</div>	Judge: <div style="text-align: center;">N/A</div>
<div style="text-align: center;"><b>Exhibit A</b></div> <p>(To be completed if Debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><input type="checkbox"/> Exhibit A is attached and made part of this petition.</p>	<div style="text-align: center;"><b>Exhibit B</b></div> <p>I, the Attorney for the Debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she or they) may proceed under Chapter 7, 11, 12 or 13 of Title 11, United States Code, and have explained the relief available under such chapter.</p> <p style="text-align: right;"> <u>/s/ John S. Biallas</u>      <b>10/12/08</b>          Signature of Attorney for Debtors      Date       </p>	
<div style="text-align: center;"><b>Exhibit C</b></div> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health and safety?</p> <p> <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition              <input checked="" type="checkbox"/> No.       </p>		
<div style="text-align: center;"><b>Exhibit D</b></div> <p>( To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p> <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.       </p> <p> <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.       </p>		
<div style="text-align: center;"><b>Information Regarding the Debtor - Venue</b></div> <p style="text-align: center;">(Check any applicable box.)</p> <p> <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.       </p> <p> <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.       </p> <p> <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.       </p>		
<div style="text-align: center;"><b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b></div> <p style="text-align: center;">(Check all applicable boxes.)</p> <p> <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)       </p> <p style="margin-left: 40px;">         (Name of landlord that obtained judgment) _____          (Address of landlord) _____       </p> <p> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and       </p> <p> <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.       </p> <p> <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).       </p>		

**Voluntary Petition**

(This page must be completed and filed in every case.)

NAME OF  
DEBTOR(S):

THEISEN, CHRISTOPHER C. &amp; CHRISTINE D.

**SIGNATURES****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

/s/ **CHRISTOPHER C. THEISEN**

Signature of Debtor

/s/ **CHRISTINE D. THEISEN**

Signature of Joint Debtor

Telephone number (If not represented by attorney)

**10/12/08**

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_

(Signature of Foreign Representative)

\_\_\_\_\_  
(Printed Name of Foreign Representative)

\_\_\_\_\_  
Date

**Signature of Attorney**

/s/ **John S. Biallas**

Signature of Attorney for Debtors

**John S. Biallas**

Printed Name of Attorney for Debtors

\_\_\_\_\_  
Firm Name

**3N918 Sunrise Lane**

\_\_\_\_\_  
Address

**Saint Charles, Illinois 60174**

**630-513-7878**

\_\_\_\_\_  
Telephone Number

**10/12/08**

\_\_\_\_\_  
Date

**Signature of Debtor  
(Corporation/ Partnership)**

/s/ \_\_\_\_\_

Signature of Authorized Individual

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

**10/12/08**

\_\_\_\_\_  
Date

**Signature of Non-Attorney  
Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

Address \_\_\_\_\_

**X** \_\_\_\_\_

\_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

- ☒ 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*
- 

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

- ☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*
- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.
- ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: CHRISTOPHER C. THEISEN

Date: 10/12/08

Certificate Number: \_\_\_\_\_

## **CERTIFICATE OF COUNSELING**

I CERTIFY that on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_,

\_\_\_\_\_ received from

\_\_\_\_\_ ,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

\_\_\_\_\_, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan \_\_\_\_\_. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted \_\_\_\_\_.

Date: \_\_\_\_\_

By \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- ☒ 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*
- 

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

- ☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*
- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.
- ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: S/ Christine D. Theisen

Date: 10/12/08

Certificate Number: 01267-ILN-CC-003334695

## **CERTIFICATE OF COUNSELING**

I CERTIFY that on February 7, 2008, at 11:56 o'clock PM CST,

Christine D Theisen received from

Money Management International, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: February 7, 2008

By /s/Ryanne Ashley

Name Ryanne Ashley

Title Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

**THE UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

SUMMARY OF SCHEDULES					
NAME OF SCHEDULE	ATTACHED YES/NO	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A-Real property	YES	2	\$225,000.00		
B-Personal Property	YES	3	\$47,750.00		
C-Property Claimed as Exempt	YES	1			
D-Creditor Holding Secured Claims 					



☐ THE DEBTOR HAS NO REAL PROPERTY TO REPORT ON SCHEDULE A

<i>SCHEDULE A - REAL PROPERTY</i>				
<i>DESCRIPTION AND LOCATION OF PROPERTY</i>	<i>NATURE OF DEBTOR'S INTEREST IN PROPERTY</i>	<i>DEBTOR or SPOUSE or JOINT</i>	<i>CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION</i>	<i>AMOUNT OF SECURED CLAIM</i>
307 W. STATE STREET NORTH AURORA, IL 60542	FEE SIMPLE	J	\$225,000.00	\$230,000.00
TOTAL MARKET VALUE OF DEBTOR'S REALTY			\$225,000.00	

<b>SCHEDULE B - PERSONAL PROPERTY (PAGE 1)</b>				
<b>TYPE OF PROPERTY</b>	<b>N O N E</b>	<b>DESCRIPTION AND LOCATION OF PROPERTY</b>	<b>H W J C</b>	<b>CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION</b>
1 .  Cash on hand.		<b>POSSESSION OF DEBTORS</b>	-	<b>\$100.00</b>
2 . Checking, savings or other financial accounts, or other deposits.		<b>CHECKING ACCOUNT, OLD 2ND NATIONAL BANK, AURORA</b>	-	<b>\$2,500.00</b>
3 . Security deposits with public utilities, landlords and others.		<b>LORELEI KEPLER, LANDLORD OF PRESENT RESIDENCE</b>	-	<b>\$2,500.00</b>
4 . Household goods and furnishings, including audio, video and computer equipment.		<b>5 ROOMS OF FURNITURE AND MISC. HOUSEHOLD GOODS.</b>	-	<b>\$5,000.00</b>
5 . Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectables	×		-	<b>\$0.00</b>
6 .  Wearing apparel.		<b>CLOTHING OF AN ADULT MALE AND FEMALE</b>	-	<b>\$150.00</b>
7 .  Furs and jewelry		<b>WEDDING RINGS OF BOTH, COSTUME JEWELRY FOR WIFE</b>	-	<b>\$250.00</b>
8 . Firearms and sports, photographic, and other hobby equipment.	×		-	<b>\$0.00</b>
9 . Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>NORTHWESTERN MUTUAL INS. ON LIFE OF HUSBAND AND WIFE, NO CASH VALUE ON EITHER</b>	-	<b>\$0.00</b>
10 .  Annuities. Itemize and and name each issuer	×		-	<b>\$0.00</b>
11 . Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize	×		-	<b>\$0.00</b>
<b>SUBTOTAL OF MARKET VALUES SCHEDULE B PAGE 1</b>				<b>\$10,500.00</b>

## SCHEDULE B - PERSONAL PROPERTY (PAGE 2)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Stock, and interests in incorporated and unincorporated businesses. Itemize		50% INTEREST IN CACEC HOME IMPROVEMENTS, S-CORP, (NO ASSET VALUE) 100% OF CACEC, LLC (NO ASSET VALUE)	-	\$ 0.00
13. Interests in partnerships or joint ventures. Itemize.	×		-	\$ 0.00
14. Government and corporate bonds	×		-	\$ 0.00
15. Accounts Receivable	×		-	\$ 0.00
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	×		-	\$ 0.00
17. Other liquidated debts owing debtor. Include Tax refunds. Give particulars.	×		-	\$ 0.00
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A.	×		-	\$ 0.00
19. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	×		-	\$ 0.00
20. Other contingent and unliquidated claims of every nature, including tax refunds, counter-claims of the debtor, and rights to setoff claims.		TORT CLAIMS, AUTO ACCIDENT, HUSBAND STRUCK IN CAR BY ELAINE M. BARON, PERSONAL INJURY, ESTIMATE OF CLAIM	-	\$ 15,000.00
21. Patents, copyrights and other intellectual property. Give particulars	×		-	\$ 0.00
22. Licenses, franchises, and other general intangibles. Give particulars	×		-	\$ 0.00
SUBTOTAL OF MARKET VALUES SCHEDULE B PAGE 2				\$ 15,000.00

**SCHEDULE B - PERSONAL PROPERTY (PAGE 3)**

<b>TYPE OF PROPERTY</b>	<b>N O N E</b>	<b>DESCRIPTION AND LOCATION OF PROPERTY</b>	<b>H W J C</b>	<b>CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION</b>
23. Automobile, trucks, trailers, and other vehicles		2000 CHEVY 1500; 2005 CHRYSLER MINIVAN	-	\$ 20,000.00
24. Boats, motors, and accessories.	×		-	\$ 0.00
25. Aircraft and accessories	×		-	\$ 0.00
26. Office equipment, furnishings, and supplies		COMPUTER, PRINTER AND OFFICE DESK	-	\$ 250.00
27. Machinery, fixtures, equipment, and supplies used in business.		MISC. HAND AND SMALL POWER TOOLS, NAILS SCREWS, PAINT ETC.	-	\$ 2,000.00
28. Inventory.	×		-	\$ 0.00
29. Animals.	×		-	\$ 0.00
30. Crops - growing or harvested give particulars.	×		-	\$ 0.00
31. Farming equipment and implements.	×		-	\$ 0.00
32. Farm supplies, chemicals, and feed.	×		-	\$ 0.00
33. Other personal Property of any kind not already listed. Itemize.	×		-	\$ 0.00
SUBTOTAL OF MARKET VALUES SCHEDULE B PAGE 3				\$ 22,250.00
TOTAL MARKET VALUE OF DEBTOR'S PERSONAL PROPERTY				\$ 47,750.00

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

☐ **11 U.S.C. § 522 (B) (1) EXEMPTIONS ARE CLAIMED.**  
(EXEMPTIONS UNDER FEDERAL BANKRUPTCY CODE)

☒ **11 U.S.C. § 522 (B) (2) EXEMPTIONS ARE CLAIMED.**  
(EXEMPTIONS UNDER THE LAW OF THE STATE OF ILLINOIS Ch 765 § 12-1001 ET S

Type of Exemption ; Applicable Statute granting Exemption; Exempt Amount **\$ MarketValue**

**Debtor:**

<input type="checkbox"/>	Real Estate / Homestead; Ill. Code of Civil Pro. §12-901 ;	\$15,000	\$ 0.00
<input checked="" type="checkbox"/>	Necessary Clothing; Ill. Code of Civil Pro. §12-1001(a);	All	\$ 100.00
<input checked="" type="checkbox"/>	Personal Property; Ill. Code of Civil Pro. §12-1001(b);	\$4,000	\$ 4,000.00
<input checked="" type="checkbox"/>	One Motor Vehicle ; Ill. Code of Civil Pro. §12-1001(c);	\$2,400	\$ 1,300.00
<input checked="" type="checkbox"/>	Tools of the Trade ; Ill. Code of Civil Pro. §12-1001(d) ;	\$1,500	\$ 1,500.00
<input type="checkbox"/>	Health aids ; Ill. Code of Civil Pro. §12-1001(e);	All	
<input type="checkbox"/>	Ins. Proceeds & Benefits; Ill. Code of Civil Pro. §12-1001(f);	All	
<input type="checkbox"/>	Government Benefits ; Ill. Code of Civil Pro. §12-1001(g);	All	
<input checked="" type="checkbox"/>	Tort claims / Recoveries; Ill. Code of Civil Pro. §12-1001(h);	\$15,000	\$ 15,000.00
<input type="checkbox"/>	Retirement ; Ill. Code of Civil Pro. §12-1006(a)-(c);	All	
<input type="checkbox"/>	Workman's Comp. Claims; Ill. Code of Civil Pro. §12-1001(h) ;	All	
<input type="checkbox"/>	Other: social security benefits_____	All	

**Co-Debtor:**

<input type="checkbox"/>	Real Estate / Homestead; Ill. Code of Civil Pro. §12-901;	\$15,000	\$ 0.00
<input checked="" type="checkbox"/>	Necessary Clothing; Ill. Code of Civil Pro. §12-1001(a) ;	All	\$ 100.00
<input checked="" type="checkbox"/>	Personal Property; Ill. Code of Civil Pro. §12-1001(b) ;	\$4,000	\$ 4,000.00
<input checked="" type="checkbox"/>	One Motor Vehicle ; Ill. Code of Civil Pro. §12-1001(c);	\$2,400	\$ 107.00
<input type="checkbox"/>	Tools of the Trade ; Ill. Code of Civil Pro. §12-1001(d) ;	\$1,500	
<input type="checkbox"/>	Health Aids ; Ill. Code of Civil Pro. §12-1001(e);	All	
<input type="checkbox"/>	Ins. Proceeds & Benefits ; Ill. Code of Civil Pro. §12-1001(f);	All	
<input type="checkbox"/>	Government Benefits ; Ill. Code of Civil Pro. §12-1001(g) ;	All	
<input checked="" type="checkbox"/>	Tort claim / Recoveries ; Ill. Code of Civil Pro. §12-1001(h);	\$15,000	\$ 15,000.00
<input type="checkbox"/>	Retirement; Ill. Code of Civil Pro. §12-1006(a)-(c) ;	All	
<input type="checkbox"/>	Workman's Comp. Claims; Ill. Code of Civil Pro. §12-1001(h) ;	All	
<input type="checkbox"/>	Other_____		

<b>SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS</b>						
<b>CREDITOR'S ACCT. #, NAME AND MAILING ADDRESS</b>	<b>CODEBTOR; DATE CLAIM INCURRED; DESCRIPTION: NATURE OF LIEN &amp; OTHER DATA</b>				<b>AMOUNT OF CLAIM</b>	
					<b>UNSECURED PORTION</b>	
Chase Home Finance LLC PO BOX 830016 BALTIMORE, MD 21283-0016 Account number: 1978816456	Codebtor ?	NO	Date claim Incurred	AMERICAN AIR CREDIT PLAN PROCESSEING CENTER DES MOINES, IA 50344-0001 ACCT# 2-0014-1250-6713	\$ 230,000	
	Husband,Wife,Joint or Community ?		Description of Property	SINGLE FAMILY RESIDENCE		
	Contingent, Disputed or Unliquidated ?		Mkt. Value	\$ 225,000		
Chase Auto Finance PO BOX 9001083 LOUISVILLE, KY 40290-1083 Phone number: 800-336-6675 Account number: 10702521345008	Codebtor ?	NO	Date claim Incurred	9 / 03	\$ 7,900	
	Husband,Wife,Joint or Community ?		Description of Property	2000 CHEVY SILVERADO		
	Contingent, Disputed or Unliquidated ?		Mkt. Value	\$ 5,000		
Capital One Auto Finance P.O. Box 260848 Plano, TX 75026-0848 Acct #: 1776810	Codebtor ?	NO	Date claim Incurred	10 / 06	\$ 12,272	
	Husband,Wife,Joint or Community ?		Description of Property	2005 CHRYSLER MINIVAN		
	Contingent, Disputed or Unliquidated ?		Mkt. Value	\$ 12,000		
Leonard & Marilyn Douglas 311 Hillside Place North Aurora, Il 60542	Codebtor ?	NO	Date claim Incurred	12 / 2005	\$ 389,000	
	Husband,Wife,Joint or Community ?	J	Description of Property	ARTICLES OF AGREEMENT TO BUY COMMERCIAL BUIDING AT 105 S. RIVER RD. NORTH AURORA		
	Contingent, Disputed or Unliquidated ?		Mkt. Value	\$ 400,000		
	Codebtor ?	No	Date claim Incurred			
	Husband,Wife,Joint or Community ?		Description of Property			
	Contingent, Disputed or Unliquidated ?		Mkt. Value			
	Codebtor ?	No	Date claim Incurred			
	Husband,Wife,Joint or Community ?		Description of Property			
	Contingent, Disputed or Unliquidated ?		Mkt. Value			
	Codebtor ?	No	Date claim Incurred			
	Husband,Wife,Joint or Community ?		Description of Property			
	Contingent, Disputed or Unliquidated ?		Mkt. Value			
	Codebtor ?	No	Date claim Incurred			
	Husband,Wife,Joint or Community ?		Description of Property			
	Contingent, Disputed or Unliquidated ?		Mkt. Value			

☐

THE DEBTOR HAS NO CREDITORS HOLDING SECURED CLAIMS TO REPORT ON SCHEDULE D

<b>Total D &gt;</b>	<b>\$639,172.31</b>
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**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**



THE DEBTOR HAS NO CREDITORS HOLDING UNSECURED PRIORITY CLAIMS TO REPORT ON SCHEDULE E

**TYPES OF PRIORITY CLAIMS LISTED BELOW, IF**

☐

EXTENSIONS OF CREDIT IN AN INVOLUNTARY CASE.

☐

WAGES, SALARIES AND COMMISSIONS

☐

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

☐

CERTAIN FARMERS AND FISHERMEN

☐

DEPOSITS BY INDIVIDUALS

☐

ALIMONY, MAINTENANCE OR SUPPORT

☐

TAXES AND CERTAIN OTHER DEBTS OWED TO GOVERNMENTAL UNITS

☐

COMMITMENTS TO MAINTAIN THE CAPITAL OF AN INSURED DEPOSITORY INSTITUTION

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	DATE CLAIM INCURRED & CONSIDERATION				TYPE OF PRIORITY		TOTAL AMOUNT OF CLAIM
	CODEBTOR ? AND OTHER DATA				AMOUNT ENTITLED TO PRIORITY		
	Date Incurred and Consideration				Type of Priority		
	Codebtor ?	NO	Contingent, Disputed or Unliquidated ?				
	Husband,Wife,Joint or Community ?						
	Date Incurred and Consideration				Type of Priority		
	Codebtor ?	NO	Contingent, Disputed or Unliquidated ?				
	Husband,Wife,Joint or Community ?						
	Date Incurred and Consideration				Type of Priority		
	Codebtor ?	NO	Contingent, Disputed or Unliquidated ?				
	Husband,Wife,Joint or Community ?						
	Date Incurred and Consideration				Type of Priority		
	Codebtor ?	NO	Contingent, Disputed or Unliquidated ?				
	Husband,Wife,Joint or Community ?						
	Date Incurred and Consideration				Type of Priority		
	Codebtor ?	NO	Contingent, Disputed or Unliquidated ?				
	Husband,Wife,Joint or Community ?						
<b>Total E &gt;</b>						<b>\$0.00</b>	



THE DEBTOR HAS NO CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS TO REPORT ON SCHEDULE F

### **SCHEDULE F - CREDITORS WITH UNSECURED NONPRIORITY CLAIMS**

<b>CREDITOR'S NAME, MAILING ADDRESS AND ACCOUNT #</b>	<b>DATE OF CLAIM, CONSIDERATION AND OTHER DATA</b>	<b>TOTAL AMOUNT OF CLAIM</b>
American Air Credit plan Processing center Des Moines, IA 50364-0001 Acct# 2-0014-2250-6713	<b>DATE ?</b>	<b>OTHER DATA</b>
	<b>CONSIDERATION</b>	
	BUSINESS DEBT	\$ 50.00
American Express BOX 0001 LOS ANGELES, CA 900960001 Account number: 3727-325707-1007	<b>DATE ?</b>	<b>OTHER DATA</b>
	<b>CONSIDERATION</b>	
	CREDIT CARD DEBT	\$ 2,918.00
American Express BOX 0001 LOS ANGELES, CA 90096-0001 Account number: 371537379172002	<b>DATE ?</b>	<b>OTHER DATA</b>
	<b>CONSIDERATION</b>	
	CREDIT CARD DEBT	\$ 4,200.00
Associate Pathologists of Joliet 330 Madison St Joliet, IL 60435 Account number: 0013000000156202	<b>DATE ?</b>	<b>OTHER DATA</b>
	<b>CONSIDERATION</b>	
	MEDICAL / DENTAL BILL	\$ 236.64
Aurora Radiology Consultants 520 E 22nd St Lombard, IL 60148 Account number: 016-1-0000929803	<b>DATE ?</b>	<b>OTHER DATA</b>
	<b>CONSIDERATION</b>	
	MEDICAL / DENTAL BILL	\$ 350.00
Aurora Emergency Assoc Dept 20-6002 P.O. Box 5990 Carol Stream, IL 60197	<b>DATE ?</b>	<b>OTHER DATA</b>
	<b>CONSIDERATION</b>	
	MEDICAL / DENTAL BILL	\$ 1,100.00
Bank of America PO Box 17322 Baltimore, MD 21297-1322 Account number: 74975944162340	<b>DATE ?</b>	<b>OTHER DATA</b>
	<b>CONSIDERATION</b>	
	CREDIT CARD DEBT	\$ 53,907.00
Bank Of America P.O. Box 5270 Carol Stream, IL 60197-5270 Account numbers: 4319041012679496	<b>DATE ?</b>	<b>OTHER DATA</b>
	<b>CONSIDERATION</b>	
	CREDIT CARD DEBT	\$ 8,496.19
Best Buy P.O. Box 17298 Baltimore, MD 21297-1298 Account number: 7001191702459752	<b>DATE ?</b>	<b>OTHER DATA</b>
	<b>CONSIDERATION</b>	
		\$ 1,300.00
Capital One PO BOX 60024 CITY OF INDUSTRY, CA 91716-0024 Account number: 4802137103094654	<b>DATE ?</b>	<b>OTHER DATA</b>
	<b>CONSIDERATION</b>	
	CREDIT CARD DEBT	\$ 4,800.00
<b>Subtotal Sch. F Page 1</b>		<b>\$ 77,357.83</b>



**SCHEDULE F - CREDITORS WITH UNSECURED NONPRIORITY CLAIMS**

<b>CREDITOR'S NAME, MAILING ADDRESS AND ACCOUNT #</b>	<b>DATE ?</b>	<b>CONSIDERATION</b>	<b>OTHER DATA</b>	<b>TOTAL AMOUNT OF CLAIM</b>
Citgo Processing Center Des Moines, IA 50362-0300 Account number: 140655135		CREDIT CARD DEBT	-	\$235.00
Citic Financial Services Inc P.O. Box 6931 The Lakes, NV 88901-6931 Account number: 67130592-0304121		CREDIT CARD DEBT	-	\$16,747.04
Creditors Collection Bureau P.O. Box 63 Kankakee, IL 60901-0063 Account number: 2302666		CONSUMER GOODS	-	\$0.00
Discover P.O. Box 15251 Wilmington, DE 19886-5251 Account number: 6011298854748500		CREDIT CARD DEBT	-	\$8,522.00
Disney Visa P.O. Box 50882 Henderson, NV 89016-0882 Account number: 4266901021481411		CREDIT CARD DEBT	-	\$3,500.00
Fox Valley Orthopedic 2525 Kaneville Rd Geneva, IL 60134-2578 Account number: 52907		MEDICAL / DENTAL BILL	-	\$175.00
Home Depot Processing Center Des Moines, IA 50364 Account number: 6035320017464981		CONSUMER GOODS	-	\$380.00
HSBC Retail Services P.O. Box 17574 Baltimore, MD 21297-1574 Account number: 410027201218853		CONSUMER GOODS	-	\$6,900.00
Kohls P.O. Box 2983 Milwaukee, WI 53201-2983 Account number: 033-1037-762		CONSUMER GOODS	-	\$345.00
KCA Financial Services P.O. Box 53 Geneva, IL 60134 Account number: Delnor # V013606397		MEDICAL / DENTAL BILL	-	\$0.00
<b>Subtotal Sch. F Page 2</b>				<b>\$36,804.04</b>

<b>ADDITIONAL SCHEDULE F - CREDITORS WITH UNSECURED NONPRIORITY CLAIMS</b>			
<b>CREDITOR'S NAME, MAILING ADDRESS AND ACCOUNT #</b>	<b>DATE OF CLAIM, CONSIDERATION AND OTHER DATA</b>	<b>OTHER DATA</b>	<b>TOTAL AMOUNT OF CLAIM</b>
Mileage Plus Visa PO Box 15153 Wilmington, DE 198865153 Account number: 4388576021971604	<b>DATE ?</b>		<b>\$3,899.76</b>
	<b>CONSIDERATION</b>		
	CREDIT CARD DEBT	-	
Paetec P.O. Box 1283 Buffalo, NY 14240-1283 Account number: 2371070	<b>DATE ?</b>		<b>\$451.00</b>
	<b>CONSIDERATION</b>		
	CONSUMER GOODS	-	
Provena Mercy 75 Remittance Drive Suite 1871 Chicago, IL 60675-1871	<b>DATE ?</b>		<b>\$2,500.00</b>
	<b>CONSIDERATION</b>		
	MEDICAL / DENTAL BILL	-	
Sam's Club P.O. Box 105980 Dept 77 Atlanta, GA 30353-5980 Account number: 771 4 23 0697088243	<b>DATE ?</b>		<b>\$2,000.00</b>
	<b>CONSIDERATION</b>		
	CONSUMER GOODS	-	
Sheffield Financial P.O. Box 890012 Charlotte, NC 28289-0012 Account number: 03000271680	<b>DATE ?</b>		<b>\$1,500.00</b>
	<b>CONSIDERATION</b>		
	TRADE DEBT	-	
Silverleaf Resorts, Inc. 1221 River Bend Drive, Suite 120 Dallas, Texas 75247 Acct # OB 016 36 Plus or 2146311166	<b>DATE ?</b>		<b>\$250.00</b>
	<b>CONSIDERATION</b>		
	SHORTFALL ON REPOSSESSED TIMESHARE	-	
Target P.O. Box 59231 Minneapolis, MN 55459-0231 Account number: 9-236-078-720-90	<b>DATE ?</b>		<b>\$10,440.91</b>
	<b>CONSIDERATION</b>		
	CONSUMER GOODS	-	
TriCity Radiology 9410 Compbill Drive Orland park, Il 60462 Account Number T030021A	<b>DATE ?</b>		<b>\$280.00</b>
	<b>CONSIDERATION</b>		
	MEDICAL / DENTAL BILL	-	
Washington Mutual P.O. Box 660487 Dallas, TX 75266-0487 Account numbers: 4185863797600061 4185870614027394	<b>DATE ?</b>		<b>\$4,300.00</b>
	<b>CONSIDERATION</b>		
	CREDIT CARD DEBT	-	
Wells Fargo P.O. Box 54349 Los Angeles, CA 90054-0349 Account Number: 5586-6804-0005-7980	<b>DATE ?</b>		<b>\$31,047.68</b>
	<b>CONSIDERATION</b>		
	BUSINESS DEBT	-	
<b>Subtotal Sch. F Page 3</b>			<b>\$56,669.35</b>

ADDITIONAL SCHEDULE F - CREDITORS WITH UNSECURED NONPRIORITY CLAIMS				
CREDITOR'S NAME, MAILING ADDRESS AND ACCOUNT #	DATE OF CLAIM, CONSIDERATION AND OTHER DATA		TOTAL AMOUNT OF CLAIM	
Apex Alarm Service 5132 North 300 West Provo, Utah 84604 (acct: 564021)	DATE ?	2008	OTHER DATA	\$119.97
	CONSIDERATION		-	
	SERVICES RENDERED			
	DATE ?		OTHER DATA	
	CONSIDERATION		-	
	DATE ?		OTHER DATA	
	CONSIDERATION		-	
	DATE ?		OTHER DATA	
	CONSIDERATION		-	
	DATE ?		OTHER DATA	
	CONSIDERATION		-	
	DATE ?		OTHER DATA	
	CONSIDERATION		-	
	DATE ?		OTHER DATA	
	CONSIDERATION		-	
	DATE ?		OTHER DATA	
	CONSIDERATION		-	
	DATE ?		OTHER DATA	
	CONSIDERATION		-	
		Subtotal Sch. F Page 4		\$119.97

<b>ADDITIONAL SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES</b>		
<b>NAME &amp; ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT</b>	<b>DESCRIPTION OF CONTRACT OR LEASE &amp; THE NATURE OF DEBTOR'S INTEREST</b>	<b>RESIDENTIAL REAL PROPERTY ?</b>
<b>LEONARD &amp; MARILYN DOUGLAS 311 HILLSIDE PLACE NORTH AURORA, IL 60543</b>	<b>ARTICLES OF AGREEMENT FOR WARRANTY DEED ON MIXED USE PREMISES AT 101 S. RIVER RD. NORTH AURORA, IL 60542</b>	<b>NO</b>

☐

THE DEBTOR HAS NO EXECUTORY CONTRACTS OR UNEXPIRED LEASES TO REPORT ON SCHEDULE G

<b>ADDITIONAL SCHEDULE H - CODEBTORS</b>	
<b>NAME AND ADDRESS OF CODEBTOR</b>	<b>NAME AND ADDRESS OF CREDITOR</b>
<b>TIMOTHY C. CARLSON (CO-DEBTOR ON SBA LOAN)</b>	<b>WELLS FARGO BANK PO BOX 29746 PHOENIX, AZ 85038-9746</b>

☐

THE DEBTOR HAS NO CODEBTORS TO REPORT ON SCHEDULE H

SCHEDULES I & J - CURRENT INCOME AND EXPENSES OF INDIVIDUAL DEBTOR(S)

DEBTOR(S) MARITAL STATUS		MARRIED			
DEBTOR'S DEPENDANT'S NAMES; AGES & RELATIONSHIPS					
ALEXANDER D. AGE 13, ELIZABETH C. AGE 9, CHRISTOPHER J. AGE 7					
DEBTOR'S OCCUPATION	NAME AND ADDRESS OF DEBTOR'S EMPLOYER	YEARS EMPLOYED	SPOUSE'S OCCUPATION	NAME AND ADDRESS OF SPOUSE'S EMPLOYER	YEARS EMPLOYED
CONTRACTOR	CACEC HOME IMPROVEMENTS, INC. 105 S. RIVER RD. STE E. NORTH AURORA, IL 60542	1.5	CREW MEMBER	TRADER'S JOES FABYAN & RANDALL BATAVIA, IL 60510	.5

Income:

	DEBTOR:	CO-DEBTOR:
Monthly gross wages, salary, and commissions	\$0.00	\$950.00
Estimated monthly overtime	\$0.00	\$0.00
SUBTOTAL	\$0.00	\$950.00
<LESS PAYROLL DEDUCTIONS>		
a. Payroll taxes and social security	\$0.00	\$0.00
b. Insurance	\$0.00	\$0.00
c. Union Dues	\$0.00	\$0.00
d. Other	\$0.00	\$0.00
SUBTOTAL OF PAYROLL DEDUCTIONS	\$0.00	\$0.00
TOTAL NET MONTHLY TAKE HOME PAY	\$0.00	\$950.00
Regular income from operation of business, or profession, or farm	\$3,120.00	\$0.00
Income from real property	\$0.00	\$0.00
Interest and dividends	\$0.00	\$0.00
Maintenance or support for a dependent (listed above)	\$0.00	\$0.00
Social security or other government assistance (Specify)	\$0.00	\$0.00
Pension or retirement income	\$0.00	\$0.00
Other monthly income:		
(Specify) Amway global sales	\$700.00	\$0.00
SUBTOTAL OF MONTHLY NON-WAGE INCOME	\$3,820.00	\$0.00
AVERAGE MONTHLY INCOME, WAGE PLUS NON-WAGE	\$3,820.00	\$950.00
COMBINED AVERAGE MONTHLY INCOME	\$4,770.00	

Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

NONE

STATEMENT OF MONTHLY NET INCOME
AVERAGE MONTHLY INCOME
LESS
AVERAGE MONTHLY EXPENSES
- \$ 7 2 5 . 0 0

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Expenses:

Rent, or home mortgage payment. (including lot rental for mobile home)	\$2,200.00
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Real Estate taxes included ?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Property insurance included ?
Utilities: Electricity and heating fuel	\$250.00
Water and sewer	\$25.00
Telephone	\$150.00
Other:	\$0.00
Home maintenance (repairs and upkeep.)	\$125.00
Food	\$450.00
Clothing	\$100.00
laundry and dry cleaning	\$50.00
Medical and dental expenses	\$100.00
Recreation, entertainment, newspapers, etc	\$25.00
INSURANCE (not deducted from wages or included in home mortgage payments)	
Homeowner's or renter's life	\$10.00
Health	\$450.00
Auto	\$200.00
Other:	\$110.00
TAXES (not deducted from wages or included in home mortgage payments)	\$0.00
(Specify):	\$0.00
INSTALLMENT PAYMENTS	
Auto	\$600.00
Other: Amway Global expenses	\$350.00
Maintainence etc. paid to others	\$0.00
Support for dependents not living at home	\$0.00
Regular expenses from operation of business	\$0.00
Other fule andoil	\$300.00
AVERAGE MONTHLY EXPENSES	\$5,495.00

Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

NONE

United States Bankruptcy Court

Form 7. STATEMENT OF FINANCIAL AFFAIRS

NONE

☐

1. INCOME FROM EMPLOYMENT OR OPERATION OF A BUSINESS.  
STATE THE GROSS AMOUNT OF INCOME THE DEBTOR HAS RECEIVED FROM EMPLOYMENT, TRADE, OR PROFESSION, OR FROM OPERATION OF THE DEBTOR'S BUSINESS FROM THE BEGINNING OF THIS CALENDAR YEAR TO THE DATE THIS CASE WAS COMMENCED. STATE ALSO THE GROSS AMOUNTS RECEIVED DURING THE TWO YEARS IMMEDIATELY PRECEDING THIS CALENDAR YEAR. IF A JOINT PETITION IS FILED STATE THE INCOME FOR EACH SPOUSE SEPERATELY.

DEBTOR GROSS EARNED INCOME THIS CALENDER YEAR	\$ 2 2 2 4 4 . 5	SPOUSE GROSS EARNED INCOME THIS CALENDER YEAR	\$ 9 1 0 4
LAST YEAR	\$ 1 1 4 2 0	SPOUSE LAST YEAR	\$ 0
YEAR BEFORE LAST	\$ 2 8 8 3 4	SPOUSE YEAR BEFORE LAST	\$ 0

NONE

☐

2. INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF BUSINESS  
STATE THE AMOUNT OF INCOME RECEIVED BY THE DEBTOR OTHER THAN FROM EMPLOYMENT, TRADE, PROFESSION, OR OPERATION OF THE DEBTOR'S BUSINESS DURING THE TWO YEARS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE. GIVE PARTICULARS. IF A JOINT PETITION IS FILED, STATE INCOME FOR EACH SPOUSE SEPERATELY.

DEBTOR OTHER INCOME THIS CALENDER YEAR	\$ 0	SPOUSE OTHER INCOME THIS CALENDER YEAR	\$ 5 0 0 0
LAST YEAR	\$ 0	SPOUSE LAST YEAR	\$ 0
YEAR BEFORE LAST	\$ 0	SPOUSE YEAR BEFORE LAST	\$ 0

NONE

☒

3. PAYMENTS TO CREDITORS.  
A. CONSUMER DEBTORS LIST ALL PAYMENTS ON LOANS, INSTALLMENT PURCHASES OF GOODS AND SERVICES, AND OTHER DEBTORS, AGGREGATING MORE THAN \$600 TO ANY CREDITOR, MADE WITHIN 90 DAYS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

NAME AND ADDRESS OF CREDITOR PAID	DATE	PAYMENT	\$ OWED
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NONE

☒

3. PAYMENTS TO CREDITORS.  
B. NON-CONSUMER DEBTORS LIST ALL PAYMENTS ON LOANS, INSTALLMENT PURCHASES OF GOODS AND SERVICES, AND OTHER DEBTORS, AGGREGATING MORE THAN \$5,475, TO ANY CREDITOR, MADE WITHIN 90 DAYS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

NAME AND ADDRESS OF CREDITOR PAID	DATE	PAYMENT	\$ OWED
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NONE

☒

C. LIST ALL PAYMENTS MADE WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE TO OR FOR THE BENEFIT OF CREDITORS WHO ARE OR WERE INSIDERS.

NAME AND ADDRESS OF CREDITOR	RELATION	DATE	PAYMENT	\$ OWED
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NONE

☐

4. SUITS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS.  
A. LIST ALL SUITS TO WHICH THE DEBTOR IS OR WAS A PARTY WITHIN ONE YEAR IMMEDIATELY PRECEDING THE FILING OF THIS BANKRUPTCY CASE

CAPTION OF SUIT AND CASE #	NATURE	COURT	STATUS
CHASE V. THEISEN	FORCLOSURE	ILLINOIS CIR. CT.	PLEADINGS

NONE

☒

B. DESCRIBE ALL PROPERTY THAT HAS BEEN ATTACHED, GARNISHED OR SEIZED UNDER ANY LEGAL OR EQUITABLE PROCESS WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

NAME AND ADDRESS OF SEIZING PERSON	DATE	DESRPTION & VALUE
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NONE

☒

5. REPOSSESSIONS, FORECLOSURES AND RETURNS.  
LIST ALL PROPERTY THAT HAS BEEN REPOSSESSED BY A CREDITOR, SOLD AT A FORECLOSURE SALE, TRANSFERRED THROUGH A DEED IN LIEU OF FORECLOSURE OR RETURNED TO THE SELLER WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE	DESCRIPTION / VALUE
--	------	---------------------

NONE

☒

6. ASSIGNMENTS AND RECEIVERSHIPS  
A. DESCRIBE ANY ASSIGNMENT OF PROPERTY FOR THE BENEFIT OF CREDITORS MADE WITHIN 120 DAYS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

NAME AND ADDRESS OF ASSIGNEE	DATE	TERMS OF ASSIGNMENT ETC.
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NONE  
X

B. LIST ALL PROPERTY WHICH HAS BEEN IN THE HANDS OF A CUSTODIAN, RECEIVER OR COURT APPOINTED OFFICIAL WITHIN 1 YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

NAME AND ADDRESS OF CUSTODIAN COURT & CASE # DATE DESCRIPTION / VALUE

NONE  
X

7. GIFTS  
LIST ALL THE GIFTS OR CHARITABLE CONTRIBUTIONS MADE WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE EXCEPT ORDINARY AND USUAL GIFTS TO FAMILY MEMBERS AGGREGATING LESS THAN \$200 IN VALUE PER INDIVIDUAL FAMILY MEMBER AND CHARITABLE CONTRIBUTIONS AGGREGATING LESS THAN \$100 PER RECIPIENT.

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATION TO DEBTOR DATE DESCRIPTION / VALUE

NONE  
X

8. LOSSES  
LIST ALL LOSSES FROM FIRE, THEFT, OTHER CASUALTY OR GAMBLING WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

DESCRIPTION / VALUE DESCRIPTION OF CIRCUMSTANCES DATE INSURED?

NONE  
X

9. PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY.  
LIST ALL PAYMENTS MADE OR PROPERTY TRANSFERRED BY OR ON BEHALF OF THE DEBTOR TO ANY PERSONS, INCLUDING ATTORNEYS, FOR CONSULTATION CONCERNING DEBT CONSOLIDATION, RELIEF UNDER THE BANKRUPTCY LAW OR PREPARATION OF A PETITION IN BANKRUPTCY WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

NAME AND ADDRESS OF PAYEE PAYOR DATE CONSIDERATION

JOHN S. BIALLAS, ATTORNEY AT LAW 3N918 SUNRISE LANE SAINT CHARLES, IL 60174	DEBTOR	10/12/08	2500.00
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NONE  
X

10. OTHER TRANSFERS  
LIST ALL OTHER PROPERTY, OTHER THAN PROPERTY TRANSFERRED IN THE ORDINARY COURSE OF BUSINESS OR FINANCIAL AFFAIRS OF THE DEBTOR, TRANSFERRED EITHER ABSOLUTELY OR AS SECURITY WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

NAME AND ADDRESS OF TRANSFEREE RELATION DATE PROPERTY / VALUE

NONE  
X

11. CLOSED FINANCIAL ACCOUNTS  
LIST ALL FINANCIAL ACCOUNTS AND INSTRUMENTS HELD IN THE NAME OF THE DEBTOR FOR THE BENEFIT OF THE DEBTOR WHICH WERE CLOSED, SOLD, OR OTHERWISE TRANSFERRED WITHIN 1 YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE. INCLUDE CHECKING, SAVINGS, OR OTHER FINANCIAL ACCOUNTS, CERTIFICATES OF DEPOSIT, OR OTHER INSTRUMENTS; SHARES AND SHARE ACCOUNTS HELD IN BANKS, CREDIT UNIONS, PENSION FUNDS, COOPERATIVES, ASSOCIATIONS, BROKERAGE HOUSES AND OTHER FINANCIAL INSTITUTIONS.

NAME AND ADDRESS OF INSTITUTION TYPE ACCOUNT # \$ AMOUNT DATE

NONE

☒

12. SAFE DEPOSIT BOXES  
LIST EACH SAFE DEPOSIT BOX OR DEPOSITORY IN WHICH THE DEBTOR HAS OR HAD SECURITIES, CASH, OR OTHER VALUABLES WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

NAME AND ADDRESS OF BANK, ETC.	NAME & ADDRESS OF ACCESSOR	CONTENTS, IF ANY	DATE
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NONE

☒

13. SETOFFS  
LIST ALL SETOFFS MADE BY ANY CREDITOR, INCLUDING A BANK, AGAINST A DEBT OR DEPOSIT OF THE DEBTOR WITHIN 90 DAYS PRECEDING THE COMMENCEMENT OF THIS CASE.

NAME AND ADDRESS OF CREDITOR SETTING OFF DEBT	DATE	\$ AMOUNT
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NONE

☒

14. PROPERTY HELD FOR ANOTHER PERSON.  
LIST ALL PROPERTY OWNED BY ANOTHER PERSON THAT THE DEBTOR HOLDS OR CONTROLS.

NAME AND ADDRESS OF OWNER	DESCRIPTION	VALUE	LOCATION
---------------------------	-------------	-------	----------

NONE

☐

15. PRIOR ADDRESS OF DEBTOR.  
IF THE DEBTOR HAS MOVED WITHIN THE LAST TWO YEARS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE, LIST ALL PREMISES WHICH THE DEBTOR OCCUPIED DURING THAT PERIOD AND VACATED PRIOR TO THE COMMENCEMENT OF THIS CASE. IF A JOINT PETITION IS FILED, REPORT ALSO ANY SEPERATE ADDRESS OF EITHER SPOUSE.

PRIOR ADDRESSES OF DEBTOR(S)	OTHER NAMES USED BY DEBTOR(S)	FROM	TO
307 WEST STATE ST. NORTH AURORA, IL		2001	2008

NONE

☒

16. SPOUSES AND FORMER SPOUSES.  
IF THE DEBTOR RESIDES OR RESIDED IN A COMMUNITY PROPERTY STATE , COMMONWEALTH, OR TERRITORY ( INCLUDING ALASKA, ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, PUERTO RICO, TEXAS, WASHINGTON, OR WISCONSIN) WITHIN THE SIX-YEAR PERIOD IMMEDIATELY PRECEDING THE COMMENCEMENT OF THE CASE, IDENTIFY THE NAME OF THE DEBTOR'S SPOUSE AND OF ANY FORMER SPOUSE WHO RESIDES OR RESIDED WITH THE DEBTOR IN THE COMMUNITY PROPERTY STATE.

Name

17. ENVIRONMENTAL INFORMATION.

FOR THE PURPOSE OF THIS QUESTION, THE FOLLOWING DEFINITIONS APPLY:

"ENVIRONMENTAL LAW" MEANS ANY FEDERAL, STATE, OR LOCAL STATUTE OR REGULATION REGULATING POLLUTION, CONTAMINATION, RELEASES OF HAZARDOUS OR TOXIC SUBSTANCES, WASTES OR MATERIAL INTO THE AIR, LAND, SOIL, SURFACE WATER, GROUNDWATER, OR OTHER MEDIUM, INCLUDING, BUT NOT LIMITED TO STATUTES OR REGULATIONS REGULATING THE CLEANUP OF THOSE SUBSTANCES, WASTES, OR MATERIL.

"SITE" MEANS ANY LOCATION, FACILITY, OR PROPERTY AS DEFINED UNDER ANY ENVIRONMENTAL LAW, WHETHER OR NOT PRESENTLY OR FORMERLY OWNED OR OPERATED BY THE DEBTOR, INCLUDING, BUT NOT LIMITED TO DISPOSAL SITES.

"HAZARDOUS MATERIAL" MEANS ANYTHING DEFINED AS A HAZARDOUS WASTE, HAZARDOUS SUBSTANCE, TOXIC SUBSTANCE , HAZARDOUS MATERIAL, POLUTANT, OR CONTAMINANT, OR SIMILAR TERM UNDER AN ENVIRONMENTAL LAW.



NONE



a. List the name and address of every site for which the debtor has received notice in writing by a government al unit that it may be liable or potentially liable under or in violation of an environmental law. Indicate the governmental unit, the date of the notice, and if known, the environmental law:

*SITE NAME AND ADDRESS*

*NAME AND ADDRESS OF GOVERNMENTAL UNIT*

*DATE OF  
NOTICE*

*ENVIRONMENTAL  
LAW*

NONE



b. List the name and address of every site for which the debtor has provided notice to a government al unit of a release of hazardous Material. Indicate the governmental unit, the date of the notice, and if known, the environmental law:

*SITE NAME AND ADDRESS*

*NAME AND ADDRESS OF GOVERNMENTAL UNIT*

*DATE OF NOTICE*

NONE



c. List all judicial or administrative proceedings, inclding settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

*NAME AND ADDRESS OF GOVERNMENTAL UNIT*

*VENUE AND DOCKET NUMBER*

*STATUS OR DISPOSITION*

NONE



**18. NATURE, LOCATION AND NAME OF BUSINESS**

A.. IF THE DEBTOR IS AN INDIVIDUAL, LIST THE NAMES AND ADDRESSES, TAXPAYER IDENTIFICATION NUMBERS, NATURE OF THE BUSINESSES AND BEGINNING AND ENDING DATES OF ALL BUSINESSES IN WHICH THE DEBTOR WAS AN OFFICER, DIRECTOR, PARTNER, OR MANAGING EXECUTIVE OF A CORPORATION, PARTNERSHIP, SOLE PROPRIETORSHIP, OR WAS A SELF-EMPLOYED PROFESSIONAL WITHIN SIX (6) YEARS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE, OR IN WHICH THE DEBTOR OWNED 5 % OR MORE OF THE VOTING OR EQUITY SECURITIES WITHIN THE SIX (6) YEARS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

B. IF THE DEBTOR IS A PARTNERSHIP, LIST THE NAMES AND ADDRESSES OF ALL BUSINESSES IN WHICH THE DEBTOR WAS A PARTNER OR OWNED 5 % OR MORE OF THE VOTING SECURITIES, WITHIN THE SIX (6) YEARS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE..

C. IF THE DEBTOR IS A CORPORATION, LIST THE NAMES AND ADDRESSES OF ALL BUSINESSES IN WHICH THE DEBTOR WAS A PARTNER OR OWNED 5 % OR MORE OF THE VOTING SECURITIES WITHIN THE SIX (6) YEARS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

**NAME & ADDRESS**

**LAST 4 DIGITS OF  
TAXPAYER  
ID NUMBER (EIN)**

**NATURE OF  
BUSINESS**

**BEGINNING AND  
ENDING DATES**

MARKET STREET PROMOTIONS, INC.  
105 S. RIVER RD. N AURORA, IL

20-1108769

SALE OF TIME SHARE  
APPOINTMENTS

2004 - 2006

CACEC HOME IMPROVEMENTS, INC.  
105 S. RIVER RD. N AURORA, IL

HOME REPAIRS, HANDYMAN

2007-2008

CACEC, LLC  
105 S. RIVER RD. N AURORA, IL

REAL ESTATE MANAGEMENT OF  
105 S. RIVER RD. N AURORA, IL

2005-2008

THE

b. IDENTIFY ANY BUSINESS LISTED IN RESPONSE TO SUBDIVISION A. ABOVE, THAT IS "SINGLE ASSET REAL ESTATE" AS DEFINED IN 11U.S.C. §101.

NAME	ADDRESS
CACEC, LLC	105 S. RIVER RD. N AURORA, IL

THE FOLLOWING QUESTIONS ARE TO BE COMPLETED BY EVERY DEBTOR THAT IS A CORPORATION AND BY ANY INDIVIDUAL DEBTOR WHO IS OR HAS BEEN, WITHIN SIX (6) YEARS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE, ANY OF THE FOLLOWING: AN OFFICER, DIRECTOR, MANAGING EXECUTIVE, OR OWNER OF MORE THAN FIVE PERCENT OF THE VOTING OR EQUITY SECURITIES OF A CORPORATION; A PARTNER, OTHER THAN A LIMITED PARTNER, OF A PARTNERSHIP; A SOLE PROPRIETOR OR OTHERWISE SELF EMPLOYED.

(AN INDIVIDUAL OR JOINT DEBTOR should complete this portion of the statement only if the debtor is, or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within these six years should go directly to the signature page.)

NONE

19. BOOKS, RECORDS AND FINANCIAL STATEMENTS

a. LIST ALL BOOKKEEPERS AND ACCOUNTANTS WHO WITHIN SIX YEARS IMMEDIATELY PRECEDING THE FILING OF THIS BANKRUPTCY CASE KEPT OR SUPERVISED THE KEEPING OF BOOKS AND RECORDS OF THE DEBTOR.

NAME AND ADDRESS	DATES SERVICES RENDERED
MARKET STREET PROMOTIONS, INC. 105 S. RIVER RD. N AURORA, IL CACEC, LLC , CACEC HOME IMPROVEMENTS, INC SERVICES BY: SAGER & HAINES, ST. CHARLES, IL	2006-2008

NONE

b. LIST ALL FIRMS AND INDIVIDUALS WHO WITHIN SIX YEARS IMMEDIATELY PRECEDING THE FILING OF THIS BANKRUPTCY CASE HAVE AUDITED THE BOOKS OF ACCOUNT AND RECORDS, OR PREPARED A FINANCIAL STATEMENT OF THE DEBTOR.

NAME AND ADDRESS	DATES SERVICES RENDERED
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NONE

c. LIST ALL FIRMS AND INDIVIDUALS WHO AT THE TIME OF THE COMMENCEMENT OF THIS CASE WERE IN POSSESSION OF THE BOOKS OF ACCOUNT AND RECORD OF THE DEBTOR. IF ANY OF THE BOOKS OF ACCOUNT AND RECORDS ARE NOT AVAILABLE, EXPLAIN.

NAME AND ADDRESS	EXPLANATION FOR RECORDS NOT AVAILABLE
------------------	---------------------------------------

NONE

d. LIST ALL FINANCIAL INSTITUTIONS, CREDITORS AND OTHER PARTIES, INCLUDING MERCANTILE AND TRADE AGENCIES, TO WHOM A FINANCIAL STATEMENT WAS ISSUED WITHIN THE TWO YEARS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE BY THE DEBTOR.

NAME AND ADDRESS	DATE ISSUED
------------------	-------------

NONE

☒

20. INVENTORIES  
a. LIST THE DATES OF THE LAST TWO INVENTORIES TAKEN OF THE BUSINESS PROPERTY, THE NAME OF THE INVENTORY SUPERVISOR, AND THE DOLLAR AMOUNT AND BASIS OF THE INVENTORY.

<u>DATE OF INVENTORY</u>	<u>SUPERVISOR</u>	<u>BASIS</u>	<u>\$ AMOUNT</u>
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NONE

☒

b. LIST THE NAME AND ADDRESS OF THE PERSON HAVING POSSESSION OF THE RECORDS OF EACH OF THE TWO INVENTORIES REPORTED IN 18. A., ABOVE.

<u>DATE OF INVENTORY</u>	<u>NAME &amp; ADDRESS OF CUSTODIAN OF INVENTORY RECORDS</u>
--------------------------	---

NONE

☒

21. CURRENT PARTNERS, OFFICERS DIRECTORS AND SHAREHOLDERS.  
a. IF THE DEBTOR IS A PARTNERSHIP, LIST THE NATURE AND PERCENTAGE INTEREST OF EACH MEMBER OF THE PARTNERSHIP.

<u>NAME AND ADDRESS OF EACH PARTNER</u>	<u>NATURE</u>	<u>%</u>
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NONE

☒

b. IF THE DEBTOR IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS OF THE CORPORATION AND EACH STOCKHOLDER WHO DIRECTLY OR INDIRECTLY OWNS, CONTROLS, OR HOLDS 5 % OR MORE OF THE VOTING SECURITIES OF THE CORPORATION.

<u>NAME AND ADDRESS OF EACH OFFICER, DIRECTOR ETC.</u>	<u>TITLE</u>	<u>%</u>
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NONE

☒

22. FORMER PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS.  
a. IF THE DEBTOR IS A PARTNERSHIP, LIST EACH MEMBER WHO WITHDREW FROM THE PARTNERSHIP WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

<u>NAME AND ADDRESS OF EACH WITHDRAWING PARTNER.</u>	<u>DATE</u>
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NONE

☒

b. FOR CORPORATIONS LIST ALL OFFICERS, OR DIRECTORS WHOSE RELATIONSHIPS TERMINATED WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THE CASE.

NAME AND ADDRESS OF EACH WITHDRAWING OFFICER, DIRECTOR ETC.

DATE

NONE

☒

23. WITHDRAWLS FROM A PARTNERSHIP OR DISTRIBUTIONS FROM A CORPORATION.  
IF THE DEBTOR IS A PARTNERSHIP OR CORPORATION, LIST ALL WITHDRAWLS OR DISTRIBUTIONS CREDITED OR GIVEN TO AN INSIDER, INCLUDING COMPENSATION IN ANY FORM, BONUSES, LOANS, STOCK REDEMPTION, OPTIONS EXERCISED AND ANY OTHER PERQUISITE DURING **ONE YEAR** IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE.

NAMES & ADDRESS OF RECIPIENT

RELATION

DATE

CONSIDERATION

NONE

☒

24. TAX CONSOLIDATION GROUP.  
IF THE DEBTOR IS A PARTNERSHIP OR CORPORATION, LIST THE NAME AND FEDERAL TAXPAYER NUMBER OF THE PARENT CORPORATION OF ANY CONSOLIDATED GROUP OF TAX PURPOSES OF WHICH THE DEBTOR HAS BEEN A MEMBER AT ANY TIME WITHIN THE SIX-YEAR PERIOD IMMEDIATELY PRECEDING THE COMMENCEMENT OF THE CASE.

NAME OF PARENT CORPORATION OR ENTITY

TAXPAYER IDENTIFICATION NUMBER (EIN)

NONE

☒

25. PENSION FUNDS  
IF THE DEBTOR IS NOT AN INDIVIDUAL, LIST THE NAME AND FEDERAL TAXPAYER IDENTIFICATION NUMBER OF ANY PENSION FUND TO WHICH THE DEBTOR, AS AN EMPLOYER, AS BEEN RESPONSIBLE FOR CONTRIBUTING AT ANY TIME WITHIN THE SIX-PERIOD IMMEDIATELY PRECEDING THE COMMENCEMENT OF THE CASE

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

(If completed by an individual or individual and spouse)

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 10/12/08 Signature /s/ CHRISTOPHER C. THEISEN  
of Debtor

Date 10/12/08 Signature /s/ CHRISTINE D. THEISEN  
of Joint Debtor  
(if any)

(If completed on behalf of a partnership or corporaton)

Date 10/12/08 Signature /s/

\_\_\_\_\_  
Print Name and Title

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to the Debtor.)

☐ continuation sheets attached

Penalty for making a false statement: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

**For legal services, I have agreed to accept:** **\$2,500.00**

**Prior to the filing of this statement I have received:** **\$2,500.00**

**Balance Due:** **\$0.00**

**This is a PRO BONO Case** ☐

2. The source of the compensation paid to me was:

☒ THE DEBTOR ☐ OTHER: **SPECIFY**

3. The source of compensation to be paid to me is:

☒ THE DEBTOR ☐ OTHER: **SPECIFY**

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters subject to the right to withdraw for nonpayment of agreed fees;

e. If representation in adversary proceedings is required, an additional retainer of **\$750.00** with additional billings at the rate of **\$250.00** per hour has been agreed on with the debtor. **If these additional amounts are not paid in a timely fashion, counsel reserves the right to withdraw.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

N/A

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

## ATTORNEY'S AFFIDAVIT IN COMPLIANCE WITH GENERAL RULE 39

Affiant is the attorney of record for the Debtors and has knowledge of the matters covered by this affidavit and has read the General Rule 39.

Affiant has not directly or indirectly solicited employment by the above named party or parties, and knows of no solicitation of said party or parties by any person that has resulted in the employment of the affiant, except [here state all exceptions, or if none state "no exceptions"]: **NO EXCEPTIONS**

Affiant has not paid, or promised to pay, and knows of no payment or promise of payment to the above named part, or parties, of the costs of this case or of the living or other expenses, of any party, or of any part of an attorney's fee already received or hereafter to be received, or of any portion of the recovery by suit or settlement to any person whatever other than the above named party or parties and the attorneys of record herein, except [here state all exceptions, or if none state "no exceptions"]: **NO EXCEPTIONS**

Affiant has filed contemporaneously herewith a signed copy of any written contingent fee agreement applicable to his compensation for representing the above named party or parties in this action and represents that a signed copy thereof has been furnished to each party whom he represents that his compensation for services in this case is not on a contingent basis.

SIGNED: /s/ John S. Biallas

DATED: 10/12/08

**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Illinois**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

1. I, the debtor, have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.

<i>a. PROPERTY TO BE SURRENDERED</i>				
<i>DESCRIPTION OF PROPERTY</i>		<i>CREDITOR'S NAME</i>		
Residence at 307 W. State, North Aurora, Ill		Chase Home Finance LLC, PO BOX 830016 BALTIMORE, MD 21283-0016		
<i>b. PROPERTY TO BE RETAINED</i>				
<i>DESCRIPTION OF PROPERTY</i>	<i>CREDITOR'S NAME</i>	<i>REAFFIRMATION UNDER §524(C)</i>	<i>CLAIMED EXEMPT AND REDEEMED UNDER §722</i>	<i>LIEN AVOIDED UNDER §522(f) AND CLAIMED EXEMPT</i>
2000 CHEVY 1500/ SILVERADO	CHASE AUTO FINANCE PO BOX 9001083 LOUISVILLE, KY 40290-1083	✓		
2005 CHRYSLER MINIVAN	CAPITAL ONE AUTO FINANCE P.O. BOX 260848 PLANO, TX 75026-0848	✓		

3. I understand that § 521(2)(B) of the Bankruptcy Code requires that I perform the above stated intention within 45 days of the filing of this statement with the court, or within such additional time as the court, for cause, within such 45-day period fixes.

/s/	<b>CHRISTOPHER C. THEISEN</b>
_____ Signature of Debtor	
	<b>10/12/08</b>
_____ Date	
/s/	<b>CHRISTINE D. THEISEN</b>
_____ Signature of Joint Debtor	
	<b>10/12/08</b>
_____ Date	

B22A (Official Form 22A) (Chapter 7) (01/08)

In re **Theisen, Christopher C. & Christine D.**  
Debtor(s)  
Case Number: \_\_\_\_\_

According to the calculations required by this statement:

The presumption arises. ☐

The presumption does not arise. ☒

(Check the box as directed in Parts I of this statement)

**FORM 22A**  
**CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME**  
**AND MEANS-TEST CALCULATION**

**Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS**

1A Veteran's Declaration:

*Not Applicable*

1B If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

Declaration of non-consumer debts. By checking this box,  
I declare that my debts are not primarily consumer debts.

☐

**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

2 Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.

a. Unmarried. ☐

b. Married, not filing jointly, with declaration of separate households. ☐

By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code."

☐

*Complete only Column A ("Debtor's Income") for Lines 3-11.*

c. Married, not filing jointly, without the declaration of separate households set out in Line 2.b above.

☐

*Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.*

d. Married, filing jointly. ☒

*Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.*

*All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.*

3 Gross wages, salary, tips, bonuses, overtime or commissions: \$ \_\_\_\_\_ Spouse \$910.00

4 Income from the operation of a business, profession or farm.

*Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one*



*business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.*

a. Gross receipts \$Debtor 3120.00  
b. Ordinary and necessary business expenses \$ 0  
c. Business income Subtract Line b from Line a \$ 3120.

5 Rent and other real property income. \$ 0

6 Interest, dividends and royalties. \$ 0

7 Pension and retirement income. \$ 0

8 Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.  
\$                     

9 Unemployment compensation.

*Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:*

Debtor \$ 0

Spouse \$ 0

\$ 0

10 Income from all other sources.

*Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.*

a. \$ 400.00

b. \$                     

Total and enter on Line 10 \$ 400.00

11 Subtotal of Current Monthly Income for § 707(b)(7). \$Debtor 3520 Spouse 910

12 Total Current Monthly Income for § 707(b)(7).  
\$ 4430.

### Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13 Annualized Current Monthly Income for § 707(b)(7).  
*Multiply the amount from Line 12 by the number 12 and enter the result.* \$ 53,160

14 Applicable median family income.

*Enter the median family income for the applicable state and household size. (This information is available by family size at [www.usdoj.gov/ust/](http://www.usdoj.gov/ust/) or from the clerk of the bankruptcy court.)*

- a. Enter debtor's state of residence: ILLINOIS  
b. Enter debtor's household size: five.

Median income \$ 85,082.00

15 Application of Section 707(b)(7). *Check the applicable box and proceed as directed.*

[ X ] The amount on Line 13 is less than or equal to the amount on Line 14.

*Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.*

PART IV through and including PART VII

***OMITTED AS UNNECESSARY***

Part VIII: VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct.

Date: 9/26/08

Signature: s/ Christopher C. Theisen  
(Debtor)

Date: 9/26/08

Signature: s/ Christine D. Theisen  
(Co-Debtor)